

Health Education about Stunting in Tanjung Tiram Village and Wawatu Village, North Moramo District, South Konawe Regency

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Abstract

Stunting is a chronic nutritional problem caused by insufficient nutritional intake for a long time due to feeding that is not in accordance with nutritional needs. South Konawe Regency is one of the districts in Southeast Sulawesi which is also a contributor to stunting cases in Southeast Sulawesi. The prevalence of stunting in South Konawe Regency ranks 11th out of 17 districts/cities with a prevalence of 28%. The results of a preliminary survey in Tanjung Tiram Village and Wawatu Village, South Konawe Regency found that there are several maternal behaviors that cause stunting, namely some children under five do not get exclusive breastfeeding, do not understand about stunting and determine children's nutritional status so that they realize too late that their children are classified as stunting cases. The method of implementing activities is carried out offline. The intervention provided by providing education to mothers of toddlers and posyandu cadres using media modules, pamphlets and health counseling related to several topics namely the causes of stunting, the characteristics of stunting in children, the impact of stunting on children, stunting prevention measures including prevention since pregnancy, while breastfeeding, the benefits of breastfeeding provided exclusively, the benefits and planning of MP-ASI menus, nutritional status for cadres in stunting prevention and carried out Toddler weight check with Lalowaru Health Center officers, North Moramo District. The conclusion of this activity is that the local government is very good which is proven by full support during the activity process, as well as the participants / targets of the activity in this case pregnant women, toddler mothers, and posyandu cadres. Participants are very enthusiastic and active in activities when given material and also when given examples, participants gain new knowledge related to parenting in stunting prevention.

Keywords: education; health; stunting

Abstrak

Stunting merupakan masalah gizi kronis yang disebabkan oleh asupan gizi yang kurang dalam waktu cukup lama akibat pemberian makanan yang tidak sesuai dengan kebutuhan gizi. Kabupaten Konawe Selatan merupakan salah satu kabupaten yang berada di Sulawesi Tenggara yang juga menjadi penyumbang kasus stunting di Sulawesi Tenggara. Prevalensi stunting di Kabupaten Konawe Selatan menempati urutan 11 dari 17 kabupaten/kota dengan prevalensi 28%. Hasil survei pendahuluan di Desa Tanjung Tiram dan Desa Wawatu Kabupaten Konawe Selatan ditemukan bahwa terdapat beberapa perilaku ibu yang menjadi penyebab stunting yakni beberapa anak balita tersebut tidak mendapatkan ASI secara eksklusif, belum memahami tentang stunting dan penentuan status gizi anak sehingga terlambat menyadari bahwa anaknya tergolong dalam kasus stunting. Metode pelaksanaan kegiatan dilakukan secara luring. Intervensi yang diberikan dengan memberikan edukasi kepada ibu balita dan kader posyandu yang dengan menggunakan media modul, pamflet serta penyuluhan kesehatan terkait beberapa topik yakni penyebab stunting, ciri-ciri stunting pada anak, dampak stunting pada anak, langkah-langkah pencegahan stunting meliputi pencegahan sejak hamil, saat menyusui, manfaat ASI yang diberikan secara eksklusif, manfaat dan perencanaan menu MP-ASI, status gizi bagi kader dalam pencegahan stunting serta dilakukan pemeriksaan berat badan balita bersama petugas Puskesmas Lalowaru Kecamatan Moramo Utara. Simpulan dari kegiatan ini pihak pemerintah setempat sangat baik yang dibuktikan dukungan penuh selama proses kegiatan, begitu pula peserta/sasaran kegiatan dalam hal ini ibu hamil, ibu balita, dan kader posyandu. Peserta sangat antusias dan aktif dalam kegiatan pada saat diberikan materi dan juga saat diberikan contoh, peserta mendapatkan pengetahuan baru terkait pola asuh anak dalam pencegahan stunting.

Kata kunci: edukasi;kesehatan;stunting

INTRODUCTION

Nutritional problems are still in the spotlight in Indonesia, especially nutritional problems among toddlers. The health condition and nutritional status of toddlers is an indicator of the nutritional status of public health. This is because cases of malnutrition or malnutrition, stunting/short stature and other

nutritional problems will be a burden on both families, communities and the state (Danaei et al., 2016; Kwami et al., 2019). Stunting is a chronic nutritional problem caused by insufficient nutritional intake over a long period of time due to providing food that does not meet nutritional needs. The World Health Organization (WHO) defines stunting as a

growth disorder caused by poor nutritional intake and/or infectious diseases that occur over a long period of time or are repeated as indicated by a height-for-age (TB/U) z-score value of less than -2 standard deviation (SD), severely stunted or very short is presented with a height-for-age z-score value of less than -3 standard deviations (SD) and is said to be normal if the height-for-age z-score value (TB/U) is more than -2 standard deviation (SD) based on growth standards according to World Health Organization (WHO) standards (Indonesian Ministry of Health, 2020).

Globally in 2020, among children under the age of five, an estimated 149 million (22%) experienced stunting, 45 million (6.7%) experienced malnutrition/wasting, and 39 million (5.7 percent) overweight. Many stunted children live in low or lower middle income countries (89 percent of the global burden in 2020), live in rural areas and have mothers without formal education (The Food and Agriculture Organization of the United Nations, 2022).

Stunting is also a nutritional problem in Indonesia. The prevalence of stunting in Indonesia in 2022 shows that 21.6% of Indonesian children experience stunting, where the 5 highest provinces are NTT (35.3%), West Sulawesi (35%), Papua (34.6%), NTB (32.7%) and Aceh (31.2%). The provinces with the lowest stunting are Lampung (15.2%), DKI Jakarta (14.8%), and Bali (8%). This has decreased by 2.8% compared to 2021 which was 24.4% and 2019 which was 27.7%, however stunting in Indonesia is still a problem that needs to be addressed because it is still at a rate that exceeds the standard set by the World Health Organization, namely 20%.

The results of the 2022 Indonesian Nutritional Status Study (SSGI) in Southeast Sulawesi show that the prevalence of stunting in Southeast Sulawesi is 27.7% and ranks 9th highest out of 33 provinces in Indonesia. The majority (11 of 17 districts/cities) of the region in Southeast Sulawesi have a stunting prevalence above the national prevalence rate (28%-41.6%), Kendari City has the lowest prevalence below the national prevalence,

namely 19.5%. This indicates that stunting is still a major public health problem in the Southeast Sulawesi region (Ministry of Health of the Republic of Indonesia, 2023).

South Konawe Regency is one of the districts in Southeast Sulawesi which is also a contributor to stunting cases in Southeast Sulawesi. The prevalence of stunting in South Konawe Regency ranks 11th out of 17 districts/cities with a prevalence of 28%. If you look at the trend, the prevalence of stunting in South Konawe Regency is still a nutritional problem that must be handled seriously because it still far exceeds the national prevalence figure (Ministry of Health of the Republic of Indonesia, 2023).

Factors causing stunting consist of direct and indirect factors. Direct factors of stunting are the nutritional status of pregnant women, infectious diseases, and nutritional intake of toddlers. The risk factor that directly influences stunting is the level of nutritional intake. Adequate levels of macro and micro nutrients are important components that play a role in children's growth. Children with low energy and protein intake have a greater risk of experiencing stunting compared to children who have sufficient energy and protein intake (Adriany et al., 2021). Indirect factors causing stunting can occur from various aspects, namely food security, family economic conditions, social environment, access to health services, and environmental health, in this case namely waste, water, sanitation and hygiene (WASH) (drinking water sources, quality physical drinking water, toilet ownership and personal hygiene) Several of these components must be fulfilled properly so that morbidity and stunting problems can be overcome (Maywita and Putri, 2019; Purwanti and Nurfita, 2019; Rahmi et al., 2022; Al-firdausyah et al., 2021).

Mothers play an important role in supporting efforts to overcome nutritional problems, especially in terms of family nutritional intake, starting from food preparation, selecting food ingredients, to food menus. Mothers who have good nutritional status will give birth to well-nourished children (Princess, 2020). The family's ability

to meet food needs, both in quantity and nutritional quality, greatly influences the nutritional status of children. Families with a relatively fixed income have a lower prevalence of underweight and a lower prevalence of stunting compared to families with an unstable income (Fitriami et al., 2019). One of the parameters for determining a family's socio-economic status is the level of education. The level of education can make it easier for a person or community to absorb information and apply it in daily life behavior. Especially the educational level of the child's caregiver. The mother's education and knowledge are low as a result of which she is unable to choose and serve food to the family that meets the requirements for balanced nutrition. This is in line with the results of research in Mexico that maternal education is very important in relation to nutritional knowledge and nutritional fulfillment for families, especially children, because mothers with low education, among other things, will find it difficult to absorb nutritional information so that children can be at risk of experiencing stunting. (Latif and Istiqomah, 2017; Nurmalasari, Anggunan and Febriany, 2020; Agustin and Rahmawati, 2021; Yulastini, Hidayati and Fajriani, 2022).

The results of a preliminary survey in Tanjung Tiram Village and Wawatu Village, South Konawe Regency, found that there were several maternal behaviors that caused stunting, namely that some children under five did not receive exclusive breast milk, there were children less than 6 months old who were given snacks such as candy and food. mild, children who are late in being given Complementary Food (MP-ASI) which should be given at the age of 6 months but given at the age of >7 months, the MP-ASI menu for toddlers is not in accordance with a balanced nutritional pattern both in terms of composition and quantity and is less varied and not nutritious, thus having an impact on children's nutritional adequacy. Apart from that, it was found that mothers of toddlers did not understand about stunting and determining children's nutritional status so they realized too late that their children were classified as

stunting cases. Therefore, there is a need for community empowerment efforts. Empowerment efforts carried out include providing health education for pregnant women, toddler mothers and posyandu cadres regarding stunting with the aim of increasing knowledge and skills in detecting stunting and determining the nutritional status of children in preventing stunting in Tanjung Tiram Village and Wawatu Village.

IMPLEMENTATION METHOD

The Health Education Guided Village Program on Stunting aims to increase the knowledge and skills of mothers under five, pregnant women and posyandu cadres regarding stunting and steps to prevent stunting located in Tanjung Tiram Village and Wawatu Village, North Moramo District, South Konawe Regency. The method for implementing this service includes 3 stages, namely preparation, implementation and evaluation, as follows:

Preparation phase

The preparation stage includes a survey to determine locations and targets, analysis of activity needs, and preparation of activity materials.

a. Location and Target Determination Survey

Determining the location of this activity was based on the location of the village supported by the Faculty of Public Health, Halu Oleo University. The team coordinated with the Heads of Tanjung Tiram Village and Wawatu Village, North Moramo District, South Konawe Regency where we explained the Community Service activity plan related to stunting and both village heads welcomed and approved the Community Service activity plan targeting pregnant women, toddler mothers, and Posyandu cadres.

b. Activity Needs Analysis

The team coordinated with the Heads of Tanjung Tiram Village and Wawatu Village to find out the needs of the activities to be carried out. The implementation of activities in Tanjung Tiram Village was agreed on May 30 2023

and in Wawatu Village it was agreed on June 10 2023. The location for implementing the activities was the village hall of both villages in accordance with the directions of the two village heads. After that, the team made invitations to the Village Head, the target of the activity (pregnant women, toddler mothers, and posyandu cadres), the North Moramo sub-district, and the Lalowaru Community Health Center, North Moramo District.



Picture1. Coordination with the Head of Tanjung Tiram Village, North Moramo District



Picture2. Coordination with the Head of Wawatu Village, North Moramo District

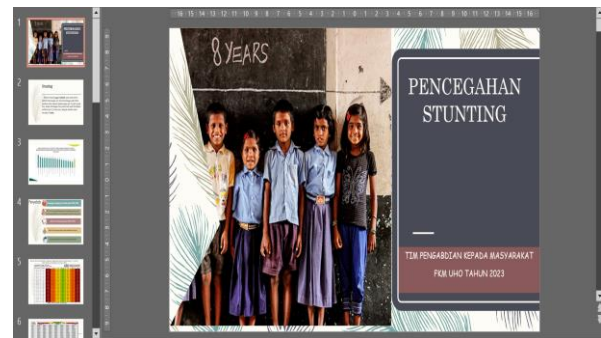
c. Preparation of Activity Materials

The team prepared materials related to media that will be used in community service activities including broadcast materials, modules and pamphlets for health education.

Implementation Stage

The implementation stage is carried out using the offline method. The activity was

attended by the Village Head, the Head of the North Lalowaru Moramo Health Center, and the District Head Secretary, and the targets were 50 pregnant women, toddler mothers, and posyandu cadres, 25 people in Tanjung Tiram Village and 25 people in Wawatu Village. The activity lasts for 3 hours starting from 09.00-12.00 WITA. The activity began with remarks from the Village Head, Head of North Lalowaru Moramo Community Health Center, and Secretary of the District Head. Next was the distribution of modules and pamphlets as well as presentations from the team regarding stunting and steps to prevent it.



Picture3. Materials for Presenting Health Education Materials

The presentation of Health Education material about Stunting was delivered by one of the team members, namely the Lecturer at the Nutrition Study Program, Faculty of Public Health. The material is presented using broadcast media, LCD, pamphlets and target modules. The topics covered are the meaning of stunting, the prevalence of stunting in Southeast Sulawesi Province, especially South Konawe Regency, causes of stunting, criteria for stunting, characteristics of stunted children, the impact of stunting, and steps to prevent stunting, in this case giving blood supplement tablets to pregnant women. , additional food for pregnant women, nutritional fulfillment for pregnant women, pregnancy checks/Ante Natal Care, Early Breastfeeding Initiation, exclusive breast milk (ASI) provision, provision of Complementary Breast Milk Food (MP-ASI) for toddlers over 6 months to 2 years , providing complete immunization and vitamin A to toddlers, monitoring the growth and development of toddlers at posyandu, and

implementing a Clean and Healthy Lifestyle (PHBS) in the family. Apart from broadcast material, complete material can be read in the modules and pamphlets provided. These topics were chosen because the main causes of stunting are these factors, so the team aims to ensure that the activities carried out can provide good knowledge for pregnant women, mothers of toddlers and posyandu cadres in preventing stunting. After the material presentation session, the team provided the target with the opportunity to ask questions related to the material or outside the discussion related to toddler growth and development.



Picture4. Health Education Module



Picture5. Health Education Pamphlet

After the presentation of the material was given, the team then provided examples of measuring and monitoring the nutritional status of toddlers so that mothers of toddlers could detect early if their children were included in the stunting category. Apart from that, this training is also expected to improve the skills of posyandu cadres in terms of measuring the nutritional status of toddlers and if they find stunted toddlers, they can immediately work together with the Community Health Center team in handling stunted toddlers in their work area so that toddlers who fall into the stunting category can be handled quickly. .

The activity ended by giving quiz questions to the target to see the achievement of the activity and as a result, the community could understand all the activity material well. The target participants of the activity who can answer the questions well are given prizes by the team thereby encouraging other participants to answer and at the end of providing the material, the resource person urges that the material that has been given can be applied in everyday life in terms of preventing stunting in toddlers, especially in Tanjung Tiram Village. and Wawatu Village, North Moramo District, South Konawe Regency.

Evaluation Stage

The evaluation stage of community service programs is carried out to assess the success of implementing activities, both in terms of theory, practice and the benefits felt

by participants. The evaluation was carried out by listening to responses from all targets and invited guests and it can be concluded that the health education participants gave very good responses to this activity. Then the participants requested that this activity be carried out continuously with other models and methods so that the community can continue to increase their knowledge, especially regarding the nutritional status of toddlers. .

CONCLUSION

Activity Health Education about Stunting in Tanjung Tiram Village and Wawatu Village North Moramo District, South Konawe Regency is one of the Healthy Development Village programs at the Faculty of Public Health, Halu Oleo University, which is carried out offline using the lecture method which is then followed by discussions and quizzes for participants. Apart from presentations related to health education about stunting, they also provided measurements of the nutritional status of toddlers and then pamphlets and modules were provided so that participants could understand the material provided well. The local government's response was very good as evidenced by their full support during the activity process, as well as the participants/targets of the activity, in this case pregnant women, toddler mothers and posyandu cadres. Improvements in methods are needed, especially in terms of pamphlet and module design so that they can be used in other similar programs within the Faculty of Public Health, Halu Oleo University.

THANK-YOU NOTE

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